



HOSPITALITY MANAGEMENT PROGRAMS THROUGH WORLD CAMPUS COAST GUARD PERSONNEL APPLICATION

I WANT TO APPLY FOR:

- ☐ The Associate Degree Program
- ☐ A Certificate
- ☐ An Individual Course (Specify): _____

(Applicants for individual courses, complete only the questions in part I. Student Information)

NOTE: You may enroll in a course as a non-degree status student while your application to the program is processed.

SEND YOUR APPLICATION TO:

Carol Barner
2HR&IM
The Pennsylvania State University
201 Mateer Building
University Park, PA 16802-1307 USA
1-800-252-3592 Ext. 5 (Toll-Free within the U.S.)
1-800-863-2676 (International/Local)
Fax: 1-814-863-4257
E-Mail: dpde@psu.edu

I. STUDENT INFORMATION

The prospective student should complete this section.

NAME _____

HOME ADDRESS _____

ALL STUDENTS

HOME PHONE _____ WORK PHONE _____

MUST COMPLETE

FAX NUMBER _____ E-MAIL _____

THIS SECTION.

SOCIAL SECURITY NUMBER _____

HIGH SCHOOL (NAME) _____

City/Location _____ State _____

SUBMIT AN OFFICIAL HIGH SCHOOL RECORD WITH THIS APPLICATION

If you have not received a high school diploma, have you completed the requirements for an equivalency diploma (GED)? ☐ Yes ☐ No

Have you attended any college? ☐ Yes ☐ No

If yes, indicate your name when you took courses if other than your current name. _____

List all colleges attended and attach official transcripts. If you have taken courses in nutrition, food service management, or dietetics, attach a course outline and list of textbook titles (including author's name) for each course. Your credits may transfer. Attach a separate list of colleges if you need additional space.

College Name	Degree/Credits Completed	City	State
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World Campus

A distance education service
of the School of Hotel,
Restaurant and Recreation
Management, College of
Health and Human
Development

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STUDENT
INFORMATION
(continued)**

HAVE YOU TAKEN THE SCHOLASTIC APTITUDE (SAT) TEST OR THE AMERICAN COLLEGE TEST (ACT)? ☐ Yes ☐ No

**EMPLOYMENT INFORMATION
LIST CURRENT POSITION FIRST**

1. Dates: From _____ To _____ Employer and Location _____ Your Job Title _____

Primary Duties _____

2. Dates: From _____ To _____ Employer and Location _____ Your Job Title _____

Primary Duties _____

Do you have a computer you can use to complete lessons? ☐ Yes ☐ No

WHOM SHOULD WE THANK FOR REFERRING YOU TO OUR PROGRAM?

Title _____ First _____ Last _____ Position _____

Street _____ City _____ State _____ ZIP _____

I state that the answers I provided to the questions on this application are complete and true. I agree to notify Penn State if information should change. Please sign and date below.

Applicant's Signature

Date

II. CONFIDENTIAL

**THIS SECTION IS
OPTIONAL**

This information will be used for statistical purposes only and will not affect the status of your application. Penn State is an equal opportunity educator.

BIRTH DATE Month _____ Day _____ Year _____

NATIONAL ORIGIN (check one/optional):

- ☐ White ☐ African/Black American ☐ Latino/Hispanic American
☐ American Indian/Alaskan Native ☐ Asian & Pacific American

**III. PRACTICE
FACILITY (galley or
other hospitality-
related food service
operation)**

**THIS SECTION
REQUIRED FOR
DEGREE AND
CERTIFICATE
STUDENTS,
OPTIONAL FOR
HRIM 201 AND
GENERAL
EDUCATION
COURSES.**

Note: Students may choose more than one facility to complete the assigned course-related activities. However, only one mentor is required.

NAME OF PRACTICE FACILITY

ADDRESS

Street _____

City _____ State _____ ZIP _____

Phone: (Area Code) Number _____ Extension _____

Type of customers (military personnel, families, singles, business persons, etc.) _____

**PRACTICE
FACILITY
(continued)**

FACILITY DESCRIPTION

Give a brief description of the facility where you work.

CHECK SERVICES PROVIDED IN THIS FACILITY:

Indicate the primary system used in this facility for food production and service.

- ☐ Conventional food prep (basic scratch method of preparation)
- ☐ Ready-prepared foods (convenience foods)
- ☐ Cook-chill

**IV. MENTOR
INFORMATION**

MENTOR INFORMATION

A mentor is defined as a trusted counselor or guide; a tutor, a coach. It is highly recommended that you find someone with at least a bachelor's degree in the hospitality or foodservice industry with whom you can discuss your questions, problems, educational endeavors and assist you in securing access to hospitality venues when necessary for certain courses. If, because of your work environment a person with a hospitality or foodservice background is not available, the Educational Officer at your base might be a good option. If you have questions about securing a mentor or a potential mentor and would like more information, please contact the program office at (800) 252-3592, Ext. 5.

**A MENTOR IS
REQUIRED FOR
HR&IM 250 AND
HR&IM 380 AND IS
HIGHLY
RECOMMENDED
FOR THE ENTIRE
PROGRAM**

NAME

Title	First	Initial	Last
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Job Title	Years Employed
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MAILING ADDRESS

Street

City	State	ZIP
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HOME PHONE _____
(Area Code) Number

WORK PHONE _____
(Area Code) Number

FAX NUMBER _____
(Area Code) Number

E-MAIL ADDRESS _____

DO YOU WORK IN THE SAME FACILITY AS THE STUDENT?

☐ Yes

☐ No

**MENTOR
INFORMATION
(continued)**

EDUCATION

College/University	Major/Degree	Graduation Year
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WORK EXPERIENCE

Dates	Employer and Location	Position
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Dates	Employer and Location	Position
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I am willing to assist in the training and evaluation of this student in the Associate Degree in Hotel, Restaurant, and Institutional Management program.

MENTOR'S SIGNATURE

First	Initial or Birth Name	Last
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**V. SUPERVISOR
INFORMATION**

SUPERVISOR APPROVAL

Release to be completed by your supervisor or a person who can authorize your access to a food production unit, food, supplies, and materials on a Coast Guard Cutter or at a base on shore. (The Educational Officer might be able to serve in this role also since this person can verify that you are enrolled in an educational program through Penn State.)

The student will:

1. adhere to confidentiality procedures of the hospitality establishment;
2. comply with any conditions of employment regarding health regulations of the hospitality facility such as a physical exam.

Name

Supervisor Signature	Date
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Print Name and Title
